U.S. House of Representatives Committee on Standards of Official Conduct

PRIVATELY SPONSORED TRAVEL: TRAVELER FORM For Members, Officers and Employees

(submit directly to the Committee)

This form should be completed by House Members, officers or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule XXV, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer or employee, together with the completed and signed Private Sponsor Travel Certification Form.

Members, officers and employees seeking approval for travel are urged to submit all forms to the Committee at least 30 days before travel is scheduled to begin. The failure to provide the Committee with adequate time to review the form and attachments may result in the invitee not receiving approval for the trip. A copy of this form will be made available for public inspection. Please type form. Form (and any attachments) may be faxed to the Committee at (202) 225-7392.

1.	Name of Member, officer or employee (traveler):
2.	Sponsor(s) (who will be paying for the trip):
3.	Travel destination(s):
4.	a. Dates of travel:
	b. Will you be extending the trip at your personal expense? ☐ Yes ☐ No
	If yes, dates at personal expense:
5.	a. Name of accompanying family member (if any):
	b. Relationship to Member/Officer: Spouse Child Other (specify):
6.	a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)? \Box Yes \Box No
	b. If yes, check one of the following:
	(1) Approval for one-night's lodging and meals is being requested: □ or
	(2) Approval for two-nights' lodging and meals is being requested:
	If "(2)" is checked, explain why the second night is warranted:
7.	Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other

attachments (indicate that form is attached by checking box):

8.	Explain why participation in the trip is connected to your official or representational duties:
9.	I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.
	Signature:
	Name of Signatory (if other than traveler):
	For staff, name of employing Member/Committee:
	Office address:
	Phone number:
	Email address:
	NOTE: You must complete the contact information fields above, as Committee staff may need contact you if additional information is required.
	OR STAFF: O BE COMPLETED BY YOUR EMPLOYING MEMBER:
wo det	dereby authorize the individual named above, an employee of the U.S. House of Representatives who orks under my direct supervision, to accept expenses for the trip described in this request. I have termined that the above-described travel is in connection with my employee's official duties and that ceptance of these expenses will not create the appearance that the employee is using public office for vate gain.
	Signature of Employing Member
	Date:

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct U.S. House of Representatives HT-2, The Capitol Washington, DC 20515 (202) 225-7103 (phone) (202) 225-7392 (fax)

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